

Provider Directories: A Strategic Priority

By Eric Heflin

CTO/CIO The Sequoia Project and
CTO The Texas Health Services Authority

Agenda

- Context
- Why are Provider Directories a Strategic Priority
 - State of Texas
 - Nationally
- Provider Directory Use Cases
- References

Texas Context

- The Texas Health Services Authority was created by the Texas Legislature, and operates under their direction, along with a Governor appointed Board
- Manages the HIETexas network with a mandate to connect all providers, hospitals, etc. in the state in support of patients
- Approaching 30 million persons
- Regional HIEs funded by THSA and HHSC as our fiscal agent for the ONC state coop agreement program
- Active and connected HIEs in Houston, Austin, with San Antonio and Dallas coming on line, others pending
- Coastal state results in strong need for disaster response
- Conservative state in terms of privacy and data sharing; created an automated consent specification which will work better of the patient preferences can be expressed in a computable manner such as entries into a provider directory
- Leveraging IHE, and HL7 standards including need for discovering electronic end points
- Leverage/enhance/support Local HIEs directories
- Leverage other authoritative directories (Texas Medical Assn. potentially)
- Single “virtual” directory at the state level for coordination with those inside the state and those outside the state
- We don’t want replication, want to point to where data is “closest” to those people and orgs in the directory

The Sequoia Project Context

- The Sequoia Project is the new name of Healtheway, Inc.
- Non-profit organized for the public good (not a trade association)
- Coop business model: we want to offer all services for free or as close to free as we can get over time
- Completely self-sustained since late 2010
- Focused on methodically identifying and putting into operations, solutions for the largest healthcare problems such as patient matching, content, and large-scale interoperability
- Operates three initiatives on behalf of the initiative membership
 - RSNA Image Share Validation Program
 - eHealth Exchange (formerly known as the NHIN or NwHIN Exchange)
 - Carequality
- eHealth Exchange has about 120 live production Participants with over 100m patients, 4 federal agencies, 35 states, and many others
- Carequality is a “network of networks” and focused on exchanging across networks

Why are Provider Directories a Strategic Priority to the eHealth Exchange?

- In order to scale, the eHealth Exchange, Carequality need to support an automated way to discover services
 - Point to point connections scale with automation
 - In production now
 - Want to align with other initiatives to give our vendors a single target
- Must support federation to allow for a single directory that references other directories
- Computable consent works “hand in glove” with Provider Directories
- The currently-operation directory (based on UDDI) is targeted for modernization to align with current industry direction

Why are Provider Directories a Strategic Priority to Carequality?

- Carequality members are managed in a two-level hierarchy
 - Some top-level organizations will have hundreds or even thousands of entities in their directory
 - Trust agreement is coupled to the directory; has a direct business impact if the directory is effective
 - Automation is key; need to efficiently manage the entries with high quality data
- More levels anticipated in the future thus driving the need for federation or some type of viable sharing of directory data
- Is now being used to support multiple trust domains (eHealth Exchange and/or Carequality)

Why are Directories a Strategic Priority for HIETexas?

- Directories must be interoperable inside the state, and across state lines to facilitate disaster response and other data sharing use cases
 - Selected via a transparent public process
 - Conducted extremely broad survey asking for feedback on multiple new capabilities
 - HIETexas has published a draft computable consent specification, which will work best if a provider directory can be leveraged to indicate targets of patient privacy preferences
 - Provider Directory was a top choice
 - Broadly supported
 - Broadly useful
 - Needs to be done at the state level, with the ability to federate to other directories (Local HIEs, medical associations, hospital associations, etc.)
 - Another top 3 choice was Event Notifications use case which also requires PD
 - Part of our approved Medicaid IAPD 90/10 match proposed project

Provider Directory Use Cases

- Identify human or organizational providers based on attributes
- Identify human or organizational providers based on relationships to an organization
- Keeping provider lists current (federation, subscriptions, data exchange, real-time vs. batch)
- Encapsulated or linked object retrieval
- Generic electronic services discovery (IHE SOAP, FHIR, Direct email)
- Target of an automated patient consent expression
- New: Consumer directory

Contact info/References

- For HIETexas: Eric dot Heflin at THSA dot org
- For The Sequoia Project: ehflin at SequoiaProject dot org

- Thanks!

- References:
- Use Cases:
 - [http://wiki.ihe.net/index.php?title=Healthcare Provider Directory USA National Extension#Use Cases](http://wiki.ihe.net/index.php?title=Healthcare_Provider_Directory_USA_National_Extension#Use_Cases)
- IHE HPD:
 - [http://wiki.ihe.net/index.php?title=Healthcare Provider Directory](http://wiki.ihe.net/index.php?title=Healthcare_Provider_Directory)
- HIETexas computable consent draft specification:
 - <http://hietexas.org/news-archive/243-thsa-releases-draft-consent-file-technical-specification-and-seeks-public-comment?highlight=WyJjb25zZW50IIO=>